



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

## (CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

2

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☒ Yes ☐ No

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name <b>COMMITTEE TO ELECT KOLE</b>	
2. Acronym or Abbreviated Name (if any) <b>N/A</b>	3. Committee Telephone Number <b>(317) 709-3874</b>
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <b>7916 TULKEE DRIVE</b>	
5. City, State, ZIP Code <b>FISHERS IN 46038</b>	6. Party Affiliation (if applicable) <b>LIBERTARIAN</b>

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname) <b>MICHAEL R. KOLE (MIKE)</b>	8. Party Affiliation or If Independent Candidate <b>LIBERTARIAN</b>
9. Office Sought (Include district number, if any. <b>Not required for exploratory committee.</b> ) <b>COUNTY COUNCIL, DIST 2</b>	10. County of Residence <b>HAMILTON</b>

### TYPE OF REPORT

### CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)		Check one: <input type="checkbox"/> Pre-Convention <input checked="" type="checkbox"/> Post-Convention	
12. Reporting Period: From: <b>APRIL 10, 2010</b> Through: <b>OCTOBER 8, 2010</b>		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		<b>- 0 -</b>	
14. Cash on hand and investments January 1, current year.			<b>- 0 -</b>

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)	<b>350.00</b>	<b>350.00</b>
15b. Unitemized	<b>- 0 -</b>	<b>- 0 -</b>
15c. Add lines 15a and 15b in both columns	<b>350.00</b>	<b>350.00</b>
<b>SUBTOTAL</b>	<b>350.00</b>	<b>350.00</b>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<b>350.00</b>	<b>350.00</b>
<b>TOTAL</b>	<b>350.00</b>	<b>350.00</b>

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	<b>- 0 -</b>	<b>- 0 -</b>
17b. Unitemized	<b>- 0 -</b>	<b>- 0 -</b>
17c. Add lines 17a and 17b in both columns	<b>- 0 -</b>	<b>- 0 -</b>
<b>SUBTOTAL</b>	<b>- 0 -</b>	<b>- 0 -</b>
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<b>350.00</b>	<b>350.00</b>
<b>TOTAL</b>	<b>350.00</b>	<b>350.00</b>
19. Debts OWED BY the committee (use Schedule D)	<b>- 0 -</b>	
20. Debts OWED TO the committee (use Schedule E)	<b>- 0 -</b>	

### CERTIFICATION

I CERTIFY Signature	THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE	
	Title <b>TREASURER</b>	Date <b>10-7-10</b>
Signature		Date <b>10-7-10</b>

### FOR OFFICE USE ONLY

8-300102

WARNING: This form is to be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly falsifies or alters this form is guilty of a Class B misdemeanor. (IC 3-14-1-14) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



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OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 1 of 2

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. JIM HURST 1957 CAMARGUE DRIVE ZIONSVILLE IN 46077  Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	150.00	150.00	8-13-10  CANDIDATE
2. AL BOTA 8435 RIVERVIEW RD BRECKSVILLE OH 44141  Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	100.00	100.00	8-15-10  CANDIDATE
3. STEVE (WAINSTEAD) PAULOWSKI 322 8TH AVE. SUITE 701 NY NY 10001  Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	100.00	100.00	8-15-10  CANDIDATE
4.  Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5.  Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 350.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 350.00		